

Hip, Pop, OA: Successful Treatment of Hip Osteoarthritis with Sustained Stretches and Thrust Manipulation

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BACKGROUND & PURPOSE:

Hip Osteoarthritis (OA) is a common form of degenerative arthritis in older adults that leads to pain, limited mobility, and functional limitations in daily activities.^{1,2} It is estimated that up to 27% of all adults experience hip OA, which significantly increases their risk for falls.³

The purpose of this poster is to show the effects of manual therapy, in the form of grade IV sustained stretches and thrust manipulations, on a patient with hip OA.

CASE DESCRIPTION:

Body Structure Function	Activity	Participation
<ul style="list-style-type: none"> •Hip AROM •Hip Strength •Right Hip Pain 	<ul style="list-style-type: none"> •Walking more than 10 minutes •Performing ADLs 	<ul style="list-style-type: none"> •Recreational activities
Environmental Factors	Personal Factors	
<ul style="list-style-type: none"> •Has a flight of stairs to climb at home •Car has low seating to transfer in/out of 	<ul style="list-style-type: none"> •72-year-old female •Lives alone 	

METHODS:

Interventions included grade IV sustained stretches in the inferior, inferior/medial, and inferior/lateral direction, along with long axis hip distraction thrust manipulation.



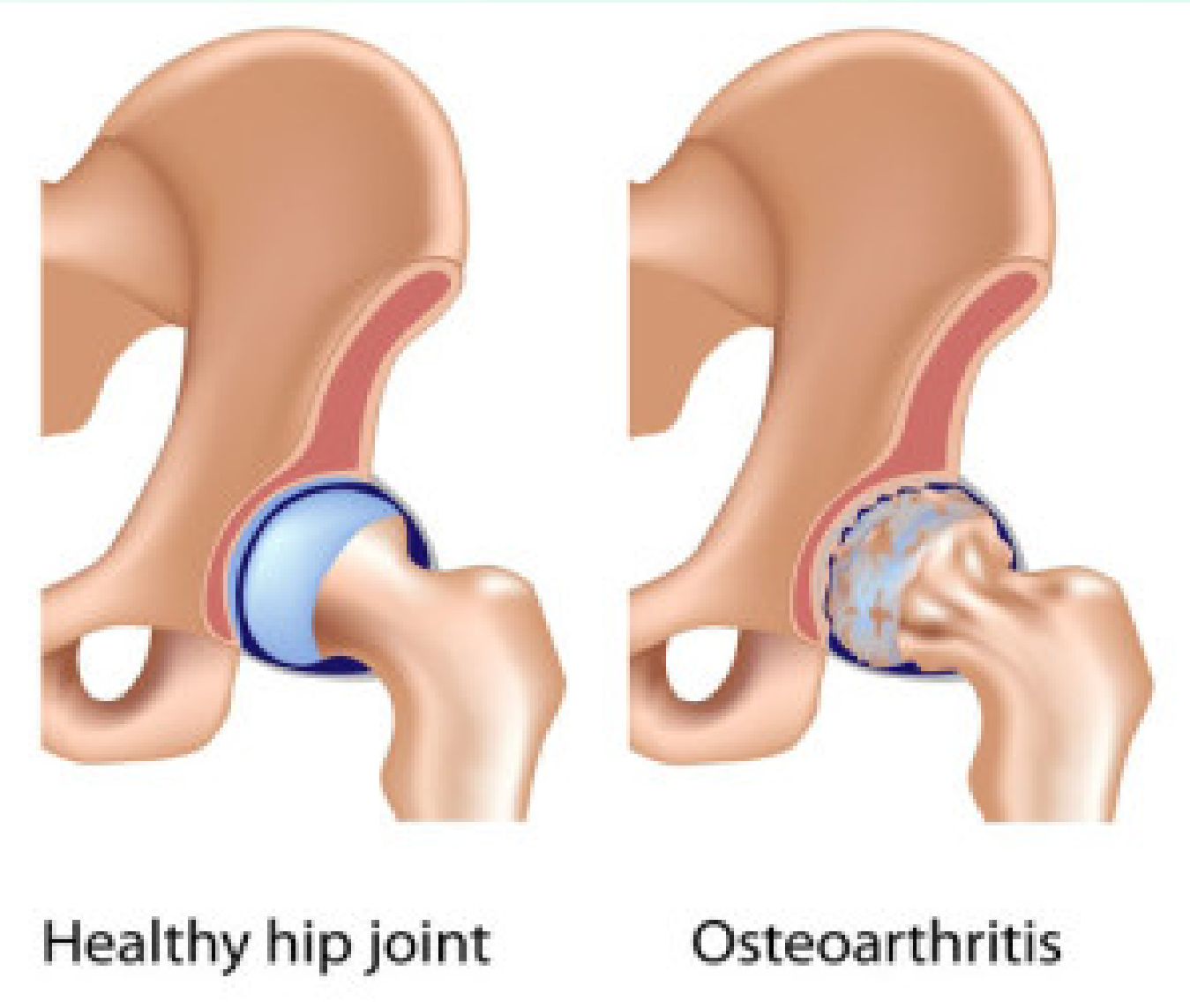
RESULTS:

Outcome Measures	Initial Evaluation	10 th Visit
LEFS	11/80	33/80*
10-Meter Walk Test	.76 m/sec	.98 m/sec*
5 Time Sit-To-Stand	20.85 seconds	14.20 seconds*

* Patient achieved MDC/MCID

CONCLUSION:

Grade IV sustained stretches and thrust manipulations are effective treatments and can be utilized to decrease pain and restore function in patients with hip OA. As a result, the patient was able to return to all functional activities pain-free.



CLINICAL REVELANCE:

Clinical practice guidelines support the use of manual therapy for the rehabilitation of hip OA.⁴ This poster provides the evidence that specific use of long axis hip distraction thrust manipulation and grade IV sustained stretches can be beneficial for this population in decreasing pain and allowing the patient to participate in strengthening and functional activities.

REFERENCES:

